providing excellent cancer care. As a result, our multidisciplinary team looked at our current pathway and evaluated it against best practices, recent directives and programmes such as the Accelerate, Coordinate, and Evaluate (ACE) Programme. The ACE programme encourages the utilisation of Straight-to-Test (STT) to improve time to diagnosis, and so we challenged ourselves to implement it effectively by appointing a dedicated 'Pathway Coordinator' (Band 6 Nurse).

The coordinator receives referrals, triages them with consultants, and then places them either into clinics or directly to investigations (STT). They also conduct a pre-procedure assessment over telephone within 48–72 hours that helps confirm the patient's indication, fitness and willingness to have a definitive test. By collecting and comparing data on whether patients attend clinic or go directly to scope and how long it takes for them to receive treatment, before and after the new job role, we can accurately assess the new pathways' direct impact on patients receiving treatment.

Initial Results showed that nearly half of patients went straight to test, with an improved number of days between referral and scope and referral and diagnosis, indicating that adapting this patient centred approach through a targeted role effectively addresses some of the challenges that the 2ww pathway presents.

42 DEVELOPING THE 'F3' PROGRAM AT ROYAL SURREY COUNTY HOSPITAL (RSCH)

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10.1136/leader-2019-FMLM.42

Introduction As the downward trend in the number of Foundation Year 2 doctors progressing directly to speciality training continues, NHS trusts are left struggling with rota gaps and reliant on locums. The Royal Surrey County Hospital (RSCH) is no exception. This project aimed to understand why current F2s have decided to take time out and their aims for the coming year. This information then informs the development of an attractive Foundation Year 3 (F3) program that benefits both the trust and the doctor.

Method A list of current F2s was provided by the Medical Education department. A survey was sent using Survey Monkey. Responders were asked both multiple choice and ranking questions. These concerned: their plans for the coming year, what they are hoping to get out of the coming year, and what they would look for in a trust grade position. Results were analysed and graphically represented using Microsoft Excel.

Results 25 doctors responded to the survey. Five are going directly into training; the remaining 20 are taking a year out. There are several reasons for this but the most common was to improve work life balance with 70% citing this as a reason. Just over half also want to travel. More doctors are considering locum work over trust grade employment. Competitive pay and choice of speciality are the most important factors for doctors when considering trust grade appointment. Flexibility in contract length is also an important factor.

Conclusion Only 20% of doctors in this cohort are going into speciality training. There are multifactorial reasons for this but most are seeking to improve work life balance. Many doctors

are looking to take up service posts in the UK before making use of the greater flexibility to travel Doctors favour locuming over trust grade appointment but trust grades can be made more attractive by offering flexible contract lengths, competitive pay and choice of speciality.

Leading Across Systems and Organisations

43 HOW TO STOP GUIDELINES FROM GATHERING DUST ON THE SHELF: EVIDENCE-BASED INTERVENTIONS

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The Evidence-Based Interventions Programme was established and developed as a joint enterprise between five national partners: the Academy of Medical Royal Colleges, NHS Clinical Commissioners, the National Institute for Health and Care Excellence as well as NHS England and NHS Improvement to lead national implementation of appropriate clinical intervention in an integrated health economy. The programme aims to ensure that procedures are offered appropriately in the NHS in England by using shared decision making, behavioural insights, consensus-seeking, collaboration with clinicians and commissioners, contract amendments, tariff changes and patient engagement. Lessons learned are wide ranging and emphasise the need for leadership at all levels of the health care system to inspire improvement:

1. We should ensure that procedures are offered appropriately in the NHS in England.
2. National implementation of initiatives is complex and requires diverse public and stakeholder engagement.
3. Creating nuanced messaging across diverse groups should not be shyed away from though it is challenging.

44 IMPROVEMENT SCIENCE INFORMING CLINICAL STRATEGY

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In 2015, the NHS, local councils, the Mayor and Public Health England set out their objectives for London's health and care system. National priorities were published in the NHS Long-Term Plan. London has a complex health and social care system serving 8.8 million population with high levels of inequality. A strategic partnership was formed identifying specific life outcomes and clinical priorities which will improve faster if the organisational partnerships works effectively at a 'once for London' level.

Initiatives by various organisations identified challenges relating to unwarranted variation in access, clinical practice and clinical outcomes. An effective delivery model was needed to coordinate efforts of all agencies to implement large scale change at system level.